

Corrected

Alasela

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/500 491	FILING DATE
APPLICANT(S)	

CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							51			
2	/							52			
3	/							53			
4	/							54			
5	/							55			
6	/							56			
7	/							57			
8	/							58			
9	/							59			
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42								92			
43								93			
44								94			
45								95			
46								96			
47								97			
48								98			
49								99			
50								100			
TOTAL IND.	9							TOTAL IND.			
TOTAL DEP.								TOTAL DEP.			
TOTAL CLAIMS	10							TOTAL CLAIMS			

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